

51+ Product Portfolio

MARYLAND

March 1, 2024 for effective dates beginning July 1, 2024

Table of Contents

| | | | |
|--|----|---|----|
| Overview..... | 3 | BlueChoice HMO HSA/HRA Plans..... | 23 |
| Value-Added Services | 4 | BlueChoice HMO HRA and HSA/HRA Minimum Value Plans..... | 24 |
| Glossary | 5 | BlueChoice HMO Open Access Plans | 26 |
| 51+ Product Overview | 6 | BlueChoice HMO Open Access Smart Selections Plans..... | 27 |
| BlueChoice Advantage Plans..... | 7 | BlueChoice HMO Open Access HRA and HSA/HRA Plans | 28 |
| BlueChoice Advantage Smart Selections Plans | 9 | BlueChoice HMO Open Access HRA and HSA/HRA Coinsurance Plans | 29 |
| BlueChoice Advantage Coinsurance Plans..... | 10 | BlueChoice Open Access HRA and HSA/HRA Minimum Value Plans..... | 30 |
| BlueChoice Advantage HSA/HRA Plans..... | 11 | MD Standard Non-Integrated Deductible Formulary 3 Rx Options .. | 32 |
| BlueChoice Advantage HSA/HRA Coinsurance Plans..... | 12 | MD Standard Integrated Deductible Formulary 3 Rx Options | 32 |
| BlueChoice Advantage HRA Minimum Value Plans..... | 13 | MD Standard Minimum Value Formulary 3 Rx Options..... | 33 |
| BlueChoice Advantage HSA/HRA Minimum Value Plans | 14 | General Pharmacy Notes..... | 34 |
| BlueHPN HRA and HSA/HRA Plans | 16 | WellBeing and Blue Rewards Notes..... | 35 |
| BluePreferred PPO Plans..... | 17 | Dental Plans and Benefit Information..... | 38 |
| BluePreferred PPO HRA and HSA Plans | 18 | Dental Notes | 40 |
| BlueChoice HMO Plans | 20 | Dental Products..... | 41 |
| BlueChoice HMO Smart Selections Plans..... | 21 | BlueVision Plans | 50 |
| BlueChoice HMO Coinsurance Plans..... | 22 | | |

Overview

CareFirst BlueCross BlueShield (CareFirst) offers an array of plans designed to meet various financial, benefit and group needs.

National Plans

Our vast network expands beyond Washington, D.C., Maryland and Northern Virginia. CareFirst's national plans have access to more than 96% of hospitals and 95% of doctors nationwide.

National plans include:

- BlueChoice Advantage
- Blue High Performance NetworkSM (BlueHPNSM)
- BluePreferred PPO
- BlueChoice Advantage Minimum Value Plans

Ask your CareFirst representative about:

- Retiree coverage, including Group Medicare Advantage
- Employee Assistance Program (EAP)
- Life and Disability Insurance
- Stop Loss Insurance for self-insured groups
- Global Solutions coverage for employees living or working outside the U.S.

Take advantage of Whole Health Savings when bundling medical coverage with dental, vision, life or disability.

All our plans are offered fully insured. Talk to your CareFirst sales representative about self-insured options and other funding arrangements.

Regional Plans

CareFirst's regional plans use the BlueChoice network of participating doctors, specialists and hospitals available in Washington, D.C., Maryland and Northern Virginia for in-network coverage.

Regional plans include:

- BlueChoice HMO
- BlueChoice Open Access
- BlueChoice and BlueChoice Open Access Minimum Value Plans

Specialty Products

Pharmacy programs are an integral part of high-quality health care. Several options are available including pharmacy plans with integrated and non-integrated deductibles in 5-tier formularies.

CareFirst has a wide array of Dental and Vision plans that can be paired with our medical plans or sold on their own.

Many of our medical plans can be paired with a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) either through our BlueFund integrated fund administrator or a third-party vendor.

Value-Added Services (included in all medical plans)

- Core BlueVision coverage for an annual vision exam and discounts on materials
- Virtual Connect**—an embedded virtual care benefit through CloseKnit, our virtual-first primary care practice—offering members \$0 PCP visits and \$0 mental health visits
- The 24-Hour Nurse Advice Line providing support and guidance for any non-emergency situation, 24 hours a day, 7 days a week, 365 days a year
- CareFirst WellBeingSM, a program to address every aspect of a member's well-being, from physical and emotional to social and financial
- BlueRewards incentive program for engaging in healthy behaviors
- The CareFirst Behavioral Health Digital Resource, powered by 7 Cups*, the world's largest online behavioral health support system
- Disease management programs for members with a chronic condition or a specific health goal
- Blue365, an exciting program that offers exclusive health and wellness deals and delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more
- Fully integrated Rx plans include \$0 select generic drugs (no deductible, no copay or coinsurance)
- My Account member portal with information on claims, deductibles and out-of-pocket maximums, copies of correspondence and ID cards, and many other self-service options
- Find a Doctor online directory making it easy to find and compare providers near members
- If elected, easy administration of HRA and HSA funds through our BlueFund integrated administrator
- HRA compatibility on all plans with a deductible of \$1,000 or more
- All BlueChoice products include the Discount Dental Program as a value-added service at no additional charge. BlueChoice members have access to a regional network of dentists who provide discounts of between 30% and 60% on virtually all dental procedures, including routine office visits, X-rays, exams, fillings, root canals and even orthodontics

Max Performance Plus—A New Alternative Funding Option

Max Performance Plus, which integrates with all CareFirst medical and pharmacy plans, gives fully insured groups greater financial control thanks to predictable monthly payments, access to monthly reporting for visibility into their claims history, and the opportunity to share in 100% of the surplus at the end of the contract year, up to 15% of their net premium.

* 7 Cups is an independent company that does not provide Blue Cross Blue Shield products or services.

**Members in an HSA-qualified plan must satisfy their deductible before receiving the \$0 PCP and mental health Virtual Connect benefit for non-preventive care.

Glossary

Administrative Services Only (ASO)

An arrangement in which an organization funds its own employee benefit plan such as a pension plan or health insurance plan that hires an outside firm to perform specific administrative services.

Aggregate/unstacked

The **family deductible** must be met before any member starts receiving benefits. The deductible may be met by one member or any combination of members.

The **family out-of-pocket maximum** must be met before any member's services will be covered at 100% up to the allowed benefit. The out-of-pocket maximum may be met by one member or any combination of members.

Blue High Performance Network

The BlueHPN network is a national network that is available in over 65 markets.

Coinsurance

The percentage or amount patients are required to pay through their insurance plan for reasonable medical expenses after a deductible has been satisfied.

Copayment

The dollar amount a patient pays when services are received. A visit to a primary care physician might require a copayment of \$10, a visit to a specialist \$20, and a prescription \$20.

Deductible

The dollar amount of covered services based on the allowed benefit that must be paid by an individual or family per benefit period before the insurance company (CareFirst) begins to pay its portion of the claims.

Drug tier

Drugs on a formulary are typically grouped into tiers. The tier that your medications is in determines your portion of the drug cost.

Health Maintenance Organization (HMO)

A health benefits program that usually has the lowest out-of-pocket costs. HMOs require that the member select a primary care physician, generally a family practitioner, internist or pediatrician, who is part of the plan's network.

Health Reimbursement Arrangement (HRA)

An account that your employer owns and deposits a predetermined amount into each year for qualified health care expenses, such as copays, flat doctor or specialist fees and medical supplies. The money your employer contributes is not taxed as a part of your income.

Health Savings Account (HSA)

An account you own that either you or your employer can deposit money into for future health care expenses. Money saved in an HSA is not treated as taxable income. You can use these funds to pay for doctor visits, medical supplies and other out-of-pocket expenses.

In-network

Refers to the use of providers who participate in the health plan's provider network. Many benefit plans encourage members to use participating in-network providers to reduce out-of-pocket expenses.

Lifetime maximum

The maximum amount the plan will pay in benefits for each member during their lifetime.

Oral chemotherapy drugs and diabetic supplies

(*e.g., insulin syringes, pen needles, lancets, test strips and alcohol swabs*) Available at a zero-dollar cost share.

*Exception: HSA/HRA (Integrated) plans.

Out-of-Network (OON)

The use of health care providers who have not contracted with the health plan to provide services. HMO members are generally not covered for out-of-network services except in emergency situations. Members enrolled in Preferred Provider Organization (PPO) and Point-of-Service (POS) plans can go out-of-network, but will pay higher out-of-pocket costs.

Out-of-Pocket Maximum (OOP)

The maximum dollar amount a member will pay out-of-pocket for coinsurance, copayments and/or deductibles in a plan year for eligible medical expenses.

Patient-Centered Medical Home (PCMH)

An approach to providing comprehensive primary care that facilitates partnership between individual patients, and their personal providers, and when appropriate, the patient's family.

Point-of-Service (POS)

These plans include in-network (HMO) and out-of-network (PPO or traditional major medical) options that enable members to select which network and level of benefits they want to utilize at the time services are required.

Preferred Provider Organization (PPO)

An agreement between a medical provider and a health care carrier for the delivery of services to a specific member population using discounted fees for cost savings. This relates to only a fee arrangement, and does not imply that any provider is more or less qualified than another.

Preventive drugs

(*e.g., statins, aspirin, folic acid, iron supplements, smoking cessation products and FDA-approved contraceptives for women*) Available at a zero-dollar cost share if prescribed under certain medical criteria by the doctor.

Preventive services

Care rendered by a physician to promote health and prevent future health problems for a member who does not exhibit any symptoms. Examples are routine physical examinations and immunizations.

Rider

A provision added to a contract that increases or limits benefits or coverage.

Separate/stacked

When **one family member** meets the **individual deductible**, they can start receiving benefits. Each family member cannot contribute more than the individual deductible. The family deductible must be met before any remaining family members can start receiving benefits.

When **one family member** meets the **individual out-of-pocket maximum**, their services will be covered at 100% up to the allowed benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the allowed benefit.

51+ Product Overview

| | BlueChoice HMO | BlueChoice HMO Open Access | BlueHPN | BlueChoice Advantage | BluePreferred PPO |
|---|---|---|---|---|--|
| Enrollment | Members must live or work within the CareFirst service area | Members must live or work within the CareFirst service area | Members can live or work inside or outside of the CareFirst service area | Members can live or work inside or outside of the CareFirst service area | Members can live or work inside or outside of the CareFirst service area |
| Referrals | Referrals required | No referrals | No referrals | No referrals | No referrals |
| In-Network | In MD, DC & VA: BlueChoice Regional Network | In MD, DC & VA: BlueChoice Regional Network | In MD, D.C. & VA: BlueHPN Network Out-of-Area: BlueHPN Network | In MD, DC & VA: BlueChoice Regional Network Out-of-Area: BlueCard PPO Network | In MD, DC & VA: CareFirst PPO Network Out-of-Area: BlueCard PPO Network |
| Out-of-Network | Emergency or urgent care only | Emergency or urgent care only | Emergency or urgent care only | In MD, DC & VA: CareFirst PPO Network (no balance billing) or Non-participating providers (may be balance billed) Out-of-Area: Non-participating providers (may be balance billed) | In MD, DC & VA and Out-of-Area: Non-participating providers (may be balance billed) |
| PCP Selection | PCP selection is required. A PCP is required for the Blue Rewards program. | PCP selection is required. A PCP is required for the Blue Rewards program. | PCP selection is recommended, but not required. | PCP selection is recommended, but not required. For Blue Rewards in MD, DC & VA: a PCP is required For Blue Rewards Out-of-Area: a BlueCard PPO PCP is required | PCP selection is recommended, but not required. For Blue Rewards in MD, DC & VA: a PCP is required For Blue Rewards Out-of-Area: a BlueCard PPO PCP is required |
| BlueChoice Rules (i.e., Labcorp) | Yes | Yes | Only applicable in MD, DC and Northern VA | Only applicable in the CareFirst service area when the BlueChoice network is utilized | Not applicable |

BlueChoice Advantage Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|-------------|--------------------------------|---|--------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 4 | IN: None | IN: \$1,500/\$3,000 | \$4,500/\$9,000 | IN: \$20/\$20 | \$20 | IN: No Charge | \$100 per visit | IN: \$250 per admission | CUT7037 |
| | OON: \$500/\$1,000 | OON: \$3,000/\$6,000 | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | |
| 6 | IN: None | IN: \$1,500/\$3,000 | | IN: \$30/\$30 | \$50 | IN: No Charge | \$200 per visit | IN: \$300 per admission | SUM1031 |
| | OON: \$500/\$1,000 | OON: \$3,000/\$6,000 | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | |
| 7 | IN: \$250/\$500 | IN: \$1,500/\$3,000 | | IN: \$30/\$30 | \$50 | IN: No Charge | \$200 per visit after in-network deductible | IN: \$300 per admission AD | SUM1032 |
| | OON: \$1,000/\$2,000 | OON: \$3,000/\$6,000 | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | |
| 8 | IN: \$250/\$500 | IN: \$1,500/\$3,000 | | IN: \$30/\$30 | \$50 | IN: No Charge | \$200 per visit after in-network deductible | IN: \$300 per admission AD | SUM1033 |
| | OON: \$1,000/\$2,000 | OON: \$3,000/\$6,000 | | OON: 50% of Allowed Benefit AD | | OON: 50% of Allowed Benefit AD | | OON: 50% of Allowed Benefit AD | |

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice Advantage Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|--|-----------------------------------|----------------------------------|--------------------------------|---|---|--------------------------------|---------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 15 | IN: None | IN: \$1,000/\$2,000 | Combined with Medical | IN: \$20/\$30 | \$50 | IN: No Charge | \$250 per visit | IN: \$300 per admission | SUM5768 |
| | OON: \$1,000/\$2,000 | OON: \$2,000/\$4,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 16 | IN: \$500/\$1,000 | IN: \$1,000/\$2,000 | | IN: \$20/\$30 | \$50 | IN: No Charge | \$250 per visit after in-network deductible | IN: \$300 per admission AD | SUM5769 |
| | OON: \$1,000/\$2,000 | OON: \$2,000/\$4,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 17 | IN: \$1,000/\$2,000 | IN: \$2,000/\$4,000 | | IN: \$20/\$30 | \$50 | IN: No Charge | \$250 per visit after in-network deductible | IN: \$300 per admission AD | SUM5770 |
| | OON: \$2,000/\$4,000 | OON: \$4,000/\$8,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 18 | IN: \$1,500/\$3,000 | IN: \$3,000/\$6,000 | | IN: \$20/\$30 | \$50 | IN: No Charge | \$250 per visit after in-network deductible | IN: \$300 per admission AD | SUM5771 |
| | OON: \$3,000/\$6,000 | OON: \$6,000/\$12,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 19 | IN: \$2,000/\$4,000 | IN: \$4,000/\$8,000 | | IN: \$20/\$30 | \$50 | IN: No Charge | \$250 per visit after in-network deductible | IN: \$300 per admission AD | SUM5772 |
| | OON: \$4,000/\$8,000 | OON: \$6,000/\$12,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 20 | IN: \$2,500/\$5,000 | IN: \$5,000/\$10,000 | IN: \$20/\$30 | \$50 | IN: No Charge | \$250 per visit after in-network deductible | IN: \$300 per admission AD | SUM5773 | |
| | OON: \$5,000/\$10,000 | OON: \$6,000/\$12,000 | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | |
| Q | IN: \$1,000/\$2,000 | IN: \$2,500/\$5,000 | \$3,500/\$7,000 | IN: \$20/\$30 | \$30 | IN: No Charge | \$100 per visit after in-network deductible | IN: No Charge AD | SUM5455 |
| | OON: \$2,000/\$4,000 | OON: \$5,000/\$10,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice Advantage Smart Selections Plans

| Separate Medical & Rx Deductibles | | | | | | | | | |
|-----------------------------------|-----------------------------------|---|-----------------------------------|-----------------------------------|-------------|-----------------------------------|---|--|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 1-S | IN: None | N: \$4,500/\$9,000 | Combined with Medical | IN: \$10/\$20 | \$40 | IN: \$10 | \$200 per visit | IN: \$300 per day (\$1,500 max per admission) | SUM3267 |
| | OON: \$500/\$1,000 | | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 2-S | IN: \$500/\$1,000 | OON: \$6,500/\$13,000 | | IN: \$10/\$20 | \$40 | IN: \$10 | \$200 per visit after in-network deductible | IN: \$300 per day AD (\$1,500 max per admission) | SUM3268 |
| | OON: \$1,000/\$2,000 | | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 3-S | IN: \$1,000/\$2,000 | IN: \$6,850/\$13,700 | | IN: \$20/\$40 | \$60 | IN: \$20 | \$200 per visit after in-network deductible | IN: \$300 per day AD (\$1,500 max per admission) | SUM3269 |
| | OON: \$2,000/\$4,000 | | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 4-S | IN: \$2,000/\$4,000 | OON: \$7,850/\$15,700 | | IN: \$20/\$40 | \$60 | IN: \$20 | \$200 per visit after in-network deductible | IN: \$300 per day AD (\$1,500 max per admission) | SUM3270 |
| | OON: \$4,000/\$8,000 | | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice Advantage Coinsurance Plans

| Separate Medical and Rx Deductibles | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|---|---|---|---|---|---|---|---|--------------------------------------|---|--------------------------------------|---|--------------------------------------|---------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary | | | | | | | | |
| 9 | IN: \$1,000/\$2,000 | IN: \$4,500/\$9,000 OON: \$9,000/\$18,000 | Combined with Medical | IN: 10% of Allowed Benefit AD | 10% of Allowed Benefit after in-network deductible | IN: 10% of Allowed Benefit AD | 10% of Allowed Benefit after in-network deductible | IN: 10% of Allowed Benefit AD | SUM4589 | | | | | | | | |
| | OON: \$2,000/\$4,000 | | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | | | | | | | | | |
| 10 | IN: \$1,000/\$2,000 | | | IN: \$4,500/\$9,000 OON: \$9,000/\$18,000 | Combined with Medical | IN: \$20/20% of Allowed Benefit AD | \$50 | IN: 20% of Allowed Benefit AD | 20% of Allowed Benefit after in-network deductible | IN: 20% of Allowed Benefit AD | SUM4590 | | | | | | |
| | OON: \$2,000/\$4,000 | | | | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | | | | | | |
| 11 | IN: \$1,500/\$3,000 | | | | | IN: \$4,500/\$9,000 OON: \$9,000/\$18,000 | Combined with Medical | IN: \$20/\$40 | \$50 | IN: 20% of Allowed Benefit AD | 20% of Allowed Benefit after in-network deductible | IN: 20% of Allowed Benefit AD | SUM4591 | | | | |
| | OON: \$3,000/\$6,000 | | | | | | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | | | | |
| 12 | IN: \$2,000/\$4,000 | | | | | | | IN: \$4,500/\$9,000 OON: \$9,000/\$18,000 | Combined with Medical | IN: \$20/\$40 | \$50 | IN: 20% of Allowed Benefit AD | 20% of Allowed Benefit after in-network deductible | IN: 20% of Allowed Benefit AD | SUM4592 | | |
| | OON: \$4,000/\$8,000 | | | | | | | | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | | |
| 13 | IN: \$500/\$1,000 | | | | | | | | | IN: \$4,500/\$9,000 OON: \$9,000/\$18,000 | Combined with Medical | IN: \$10/\$20 | \$50 | IN: \$20 | 10% of Allowed Benefit after in-network deductible | IN: 10% of Allowed Benefit AD | SUM4593 |
| | OON: \$1,000/\$2,000 | | | | | | | | | | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | |

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice Advantage HSA/HRA Plans

| Combined Medical & Rx Deductibles | | | | | | | | | |
|-----------------------------------|-----------------------------------|---|-----------------------------------|-----------------------------------|--|--------------------------------------|---|--------------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 1 | IN: \$1,600/\$3,200 | IN: \$4,000/\$8,000 | Combined with Medical | IN: \$30/\$30 AD | \$75 per visit after in-network deductible | IN: \$30 AD | \$300 per visit after in-network deductible | IN: \$300 per admission AD | SUM1677 |
| | OON: \$3,200/\$6,400 | OON: \$8,000/\$16,000 | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | |
| 2 | IN: \$2,000/\$4,000 | IN: \$3,000/\$6,550 | | IN: \$30/\$30 AD | \$75 per visit after in-network deductible | IN: 10% of Allowed Benefit AD | \$300 per visit after in-network deductible | IN: \$300 per admission AD | SUM1712 |
| | OON: \$4,000/\$8,000 | OON: \$5,950/\$11,900 | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | |
| 12 | IN: \$2,000/\$4,000 | IN: \$3,000/\$6,550 | | IN: No Charge AD | No Charge after in-network deductible | IN: No Charge AD | No Charge after in-network deductible | IN: No Charge AD | SUM5458 |
| | OON: \$4,000/\$8,000 | OON: \$5,000/\$10,000 | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | |
| 14 | IN: \$2,000/\$4,000 | IN: \$4,000/\$8,000 | | IN: No Charge AD | No Charge after in-network deductible | IN: No Charge AD | No Charge after in-network deductible | IN: No Charge AD | SUM5774 |
| | OON: \$4,000/\$8,000 | OON: \$6,000/\$12,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |

All plans include CoreVision Option 3, can be paired with an Integrated Rx Option and sold with an HRA or HSA. Aggregate/Unstacked Deductible and OOP maximum.

BlueChoice Advantage HSA/HRA Coinsurance Plans

| Combined Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------------------|---|--------------------------------------|---|--------------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 3 | IN: \$1,600/\$3,200 | IN: \$4,500/\$7,900 | Combined with Medical | IN: 10% of Allowed Benefit AD | 10% of Allowed Benefit after in-network deductible | IN: 10% of Allowed Benefit AD | 10% of Allowed Benefit after in-network deductible | IN: 10% of Allowed Benefit AD | SUM4594 |
| | OON: \$3,200/\$6,000 | | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | | OON: 30% of Allowed Benefit AD | |
| 4 | IN: \$1,600/\$3,200 | OON: \$6,550/\$13,100 | | IN: \$20/\$40 AD | 20% of Allowed Benefit after in-network deductible | IN: 20% of Allowed Benefit AD | 20% of Allowed Benefit after in-network deductible | IN: 20% of Allowed Benefit AD | SUM4595 |
| | OON: \$3,200/\$6,400 | | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | |
| 5 | IN: \$2,500/\$5,000 | IN: \$4,500/\$7,900 | | IN: No Charge/\$5 AD | No Charge after in-network deductible | IN: No Charge AD | No Charge after in-network deductible | IN: No Charge AD | SUM4596 |
| | OON: \$5,000/\$10,000 | OON: \$9,000/\$18,100 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 6 | IN: \$1,600/\$3,200 | IN: \$4,500/\$7,900 | | IN: No Charge AD | No Charge after in-network deductible | IN: No Charge AD | No Charge after in-network deductible | IN: No Charge AD | SUM4597 |
| | OON: \$3,200/\$6,400 | OON: \$6,550/\$13,100 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |

All plans include CoreVision Option 3, can be paired with an Integrated Rx Option and sold with an HRA or HSA. Aggregate/Unstacked Deductible and OOP maximum.

BlueChoice Advantage HRA Minimum Value Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------------------|--|--------------------------------------|---|--------------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| MV1 | IN: \$5,000/\$10,000 | IN: \$6,350/\$12,700 | Combined with Medical | IN: \$40 AD | \$50 after in-network deductible | IN: \$40 AD | \$250 after in-network deductible | IN: 20% of Allowed Benefit AD | SUM2693 |
| | OON: \$10,000/\$20,000 | OON: \$12,700/\$25,400 | | OON: 50% of Allowed Benefit AD | | OON: 50% of Allowed Benefit AD | | OON: 50% of Allowed Benefit AD | |
| MV3 | IN: \$3,000/\$6,000 | IN: \$6,000/\$12,000 | | IN: \$25/\$50 | \$100 per visit | IN: No Charge | \$250 after in-network deductible | IN: No Charge AD | SUM5075 |
| | OON: \$6,000/\$12,000 | OON: \$12,000/\$24,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| MV4 | IN: \$5,000/\$10,000 | IN: \$7,350/\$14,700 | | IN: \$30/\$60 | \$100 per visit | IN: No Charge | \$250 after in-network deductible | IN: No Charge AD | SUM5076 |
| | OON: \$10,000/\$20,000 | OON: \$15,000/\$30,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| MV5 | IN: \$7,000/\$14,000 | IN: \$8,150/\$16,300 | | IN: \$40/\$80 | \$100 per visit | IN: \$40 | \$250 after in-network deductible | IN: No Charge AD | SUM5077 |
| | OON: \$10,000/\$20,000 | OON: \$15,000/\$30,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| MV6 | IN: \$3,000/\$6,000 | IN: \$6,000/\$12,000 | | IN: \$25/\$50 | \$100 per visit | IN: 20% of Allowed Benefit | \$250 after in-network deductible | IN: 20% of Allowed Benefit AD | SUM6893 |
| | OON: \$6,000/\$12,000 | OON: \$12,000/\$24,000 | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | |

All plans include CoreVision Option 3, can be paired with a Non-Integrated Minimum Value Rx Option and can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice Advantage HSA/HRA Minimum Value Plans

| Combined Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|--------------------------------------|---|---|---|---|--------------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| MV1 | IN: \$4,000/\$8,000 | IN: \$6,550/\$13,100 | Combined with Medical | IN: 20% of Allowed Benefit AD | 20% of Allowed Benefit after in-network deductible | IN: 20% of Allowed Benefit AD | 20% of Allowed Benefit after in-network deductible | IN: 20% of Allowed Benefit AD | SUM2692 |
| | OON: \$8,000/\$16,000 | | | OON: 50% of Allowed Benefit AD | | OON: 50% of Allowed Benefit AD | | OON: 50% of Allowed Benefit AD | |
| MV2 | IN: \$5,500/\$11,000 | OON: \$12,700/\$25,400 | | IN: \$25/\$50 AD | \$75 after in-network deductible | IN: \$25 AD | \$300 after in-network deductible | IN: 30% of Allowed Benefit AD | SUM3271 |
| | OON: \$11,000/\$15,000 | | | OON: 50% of Allowed Benefit AD | | OON: 50% of Allowed Benefit AD | | OON: 50% of Allowed Benefit AD | |
| MV3 | IN: \$3,200/\$6,400 | IN: \$6,000/\$12,000 | | IN: \$0/\$5 AD | No Charge after in-network deductible | IN: No Charge AD | No charge after in-network deductible | IN: No Charge AD | SUM5078 |
| | OON: \$6,400/\$12,800 | OON: \$12,000/\$24,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| MV4 | IN: \$5,000/\$10,000 | IN: \$6,650/\$13,300 | | IN: \$0/\$5 AD | No Charge after in-network deductible | IN: No Charge AD | No charge after in-network deductible | IN: No Charge AD | SUM5079 |
| | OON: \$10,000/\$20,000 | OON: \$15,000/\$30,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| MV5 | IN: \$7,000/\$14,000 | IN: \$8,000/\$16,000 | | IN: \$0/\$20 AD | No Charge after in-network deductible | IN: No Charge AD | No charge after in-network deductible | IN: No Charge AD | SUM6887 |
| | OON: \$10,000/\$20,000 | OON: \$15,000/\$30,000 | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| MV6 | IN: \$3,200/\$6,400 | IN: \$6,000/\$12,000 | IN: \$0/\$20 AD | 20% of Allowed Benefit after in-network deductible | IN: 20% of Allowed Benefit AD | 20% of Allowed Benefit after in-network deductible | IN: 20% of Allowed Benefit AD | SUM6890 | |
| | OON: \$6,400/\$12,800 | OON: \$12,000/\$24,000 | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | OON: 40% of Allowed Benefit AD | | |

All plans include CoreVision Option 3, can be paired with an Integrated Minimum Value Rx Option and sold with an HRA or HSA. Separate/Stacked Deductible and OOP maximum.

BlueChoice Advantage Notes

- All BlueChoice Advantage plans are open access. PCP referrals are not required.
- The in- and out-of-network medical deductible and out-of-pocket maximum contribute towards each other.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum except for BlueChoice Advantage Options 4, 6, 7, 8 and Q.
- BlueChoice Advantage Options 4, 6, 7, 8 and Q have separate medical and drug out-of-pocket maximums.
- AD indicates that the copay or coinsurance applies after the deductible is met.
- All plans with a deductible of \$1,000 or more can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

BlueChoice Advantage Minimum Value Notes

- PCP referrals are not required.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum.
- AD indicates the copay or coinsurance applies after the deductible is met.
- All plans can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

BlueHPN HRA and HSA/HRA Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|-------------|-----------------------|---------------------------------|---------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 1 | None | \$2,500/\$5,000 | Combined with Medical | \$20/\$30 | \$50 | \$20 | \$200 per visit | \$400 per admission | SUM5859 |
| 2 | \$1,000/\$2,000 | \$4,500/\$9,000 | | \$20/\$40 | \$50 | \$20 | \$200 per visit AD | \$400 per admission AD | SUM5860 |
| 4 | \$2,000/\$4,000 | \$4,500/\$9,000 | | \$20/\$40 | \$50 | \$20 | \$200 per visit AD | \$400 per admission AD | SUM5862 |
| 5 | \$3,000/\$6,000 | \$6,000/\$12,000 | | \$25/\$50 | \$50 | \$25 | \$200 per visit AD | \$400 per admission AD | SUM5863 |
| 6 | \$5,000/\$10,000 | \$7,350/\$14,700 | | \$25/\$50 | \$50 | \$25 | \$200 per visit AD | \$400 per admission AD | SUM5864 |

All plans include CoreVision Option 1, can be paired with a Non-Integrated Rx Option and can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

| Combined Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|-------------|-----------------------|---------------------------------|---------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 3 | \$1,600/\$3,200 | \$4,500/\$7,900 | Combined with Medical | \$20/\$30 AD | \$50 AD | \$20 AD | \$200 per visit AD | \$400 per admission AD | SUM5861 |
| 7 | \$5,000/\$10,000 | \$6,550/\$13,100 | | \$20/\$30 AD | \$50 AD | \$20 AD | \$200 per visit AD | \$400 per admission AD | SUM5865 |

All plans include CoreVision Option 1, can be paired with an Integrated Rx Option and sold with an HRA or HSA. Option 3 has an Aggregate/Unstacked Deductible and OOP maximum. Option 7 has a Separate/Stacked Deductible and OOP maximum.

BluePreferred PPO Plans

| Separate Medical and Rx Deductibles | | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|---|--------------------------------------|---------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary | |
| 1 | IN: None | IN: \$1,000/\$2,000 | \$4,500/\$9,000 | IN: \$10/\$10 | IN: \$10 | IN: No Charge | \$50 per visit | IN: No Charge | CUT6040 | |
| | OON: \$250/\$500 | OON: \$2,000/\$4,000 | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | |
| 6 | IN: None | IN: \$1,500/\$3,000 | | IN: \$20/\$20 | IN: \$20 | IN: No Charge | \$50 per visit | IN: No Charge | CUT6045 | |
| | OON: \$500/\$1,000 | | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | |
| 7 | IN: \$250/\$500 | | | IN: \$10/\$10 | IN: \$10 | IN: No Charge AD | \$50 per visit after in-network deductible | IN: No Charge AD | CUT6046 | |
| | OON: \$500/\$1,000 | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | | | |
| 9 | IN: \$500/\$1,000 | OON: \$3,000/\$6,000 | | IN: \$10/\$10 | IN: \$10 | IN: No Charge AD | \$50 per visit after in-network deductible | IN: No Charge AD | CUT6048 | |
| | OON: \$1,000/\$2,000 | | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | |
| 14 | IN: \$1,000/\$2,000 | IN: \$3,500/\$7,000 | | \$2,000/\$4,000 | IN: \$20/\$20 | IN: \$20 | IN: No Charge AD | No charge after in-network deductible | IN: No Charge AD | CUT6208 |
| | OON: \$2,000/\$4,000 | OON: \$7,000/\$14,000 | | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 19 | IN: \$5,000/\$10,000 | IN: \$6,350/\$12,700 | Combined with Medical | IN: \$20/\$20 | IN: \$20 | IN: No Charge AD | No charge after in-network deductible | IN: No Charge AD | CUT6213 | |
| | OON: \$10,000/\$20,000 | OON: \$15,000/\$20,000 | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | | |

All plans include CoreVision Option 3 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum. BluePreferred Options 1, 6, 7, 9 and 14 have separate medical and drug out-of-pocket maximums.

BluePreferred PPO HRA and HSA Plans

| Combined Medical and Rx Deductibles—HRA Plans | | | | | | | | | |
|---|-----------------------------------|---|-----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|--------------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 3 | IN: \$2,000/\$4,000 | IN: \$3,000/\$6,550 | Combined with Medical | IN: No Charge AD | IN: No Charge AD | IN: No Charge AD | \$100 per visit after in-network deductible | IN: No Charge AD | CUT6735 |
| | OON: \$4,000/\$8,000 | OON: \$15,000/\$15,000 | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 8 | IN: \$1,600/\$3,200 | IN: \$4,000/\$8,000 | | IN: No Charge AD | IN: No Charge AD | IN: No Charge AD | \$100 per visit after in-network deductible | IN: No Charge AD | SUM1870 |
| | OON: \$3,200/\$6,400 | OON: \$8,000/\$16,000 | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |

All plans include CoreVision Option 3, can be paired with an Integrated Rx Option and be can sold with an HRA. Aggregate/Unstacked Deductible and OOP maximum.

| Combined Medical and Rx Deductibles—HSA Plans | | | | | | | | | |
|---|-----------------------------------|---|-----------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|--------------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 3 | IN: \$2,000/\$4,000 | IN: \$3,000/\$6,550 | Combined with Medical | IN: No Charge AD | IN: No Charge AD | IN: No Charge AD | \$100 per visit after in-network deductible | IN: No Charge AD | CUT6740 |
| | OON: \$4,000/\$8,000 | OON: \$8,000/\$16,000 | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |
| 8 | IN: \$1,600/\$3,200 | IN: \$4,000/\$8,000 | | IN: No Charge AD | IN: No Charge AD | IN: No Charge AD | \$100 per visit after in-network deductible | IN: No Charge AD | SUM1869 |
| | OON: \$3,200/\$6,400 | OON: \$8,000/\$16,000 | | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | OON: 20% of Allowed Benefit AD | | OON: 20% of Allowed Benefit AD | |

All plans include CoreVision Option 3, can be paired with an Integrated Rx Option and be can sold with an HSA. Aggregate/Unstacked Deductible and OOP maximum.

BluePreferred Notes

- PCP referrals are not required.
- The in- and out-of-network medical deductible and out-of-pocket maximum contribute towards each other.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum for BluePreferred Option 19 and BluePreferred HSA/HRA Options 3 and 8.
- AD indicates that the copay or coinsurance applies after the deductible is met.
- All plans with a deductible of \$1,000 or more can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

BlueChoice HMO Plans

| Separate Medical & Rx Deductibles | | | | | | | | | | |
|-----------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|--------------|-----------------------|---------------------------------|---------------------------|---------------------------------|---------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary | |
| 3 | None | \$1,300/\$2,600 | \$4,500/\$9,000 | \$10/\$20 | \$20 | No Charge | \$50 per visit | No Charge | CUT5532 | |
| 13 | None | | | \$30/\$40 | \$40 | No Charge | \$50 per visit | \$300 per admission | CUT6195 | |
| 14 | None | | | \$20/\$30 | \$30 | No Charge | \$50 per visit | \$300 per admission | CUT6390 | |
| 15 | None | \$1,000/\$2,000 | Combined with Medical | \$20/\$30 | \$50 | No Charge | \$250 per visit | \$300 per admission | SUM5754 | |
| 16 | \$500/\$1,000 | | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5755 | |
| 17 | \$1,000/\$2,000 | \$2,000/\$4,000 | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5756 | |
| 18 | \$1,500/\$3,000 | \$3,000/\$6,000 | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5757 | |
| 19 | \$2,000/\$4,000 | \$4,000/\$8,000 | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5758 | |
| 20 | \$2,500/\$5,000 | \$5,000/\$10,000 | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5759 | |
| B | \$500/\$1,000 | \$2,500/\$5,000 | | \$3,500/\$7,000 | \$20/\$30 AD | \$30 AD | No Charge | \$100 per visit AD | No Charge AD | CUT6480 |
| C | \$500/\$1,000 | | | | \$30/\$40 AD | \$40 AD | No Charge | \$100 per visit AD | No Charge AD | CUT6481 |
| I | \$500/\$1,000 | | \$30/\$40 AD | | \$40 AD | No Charge | \$100 per visit AD | 20% of Allowed Benefit AD | CUT8399 | |
| J | None | | \$30/\$40 | | \$40 | No Charge | \$100 per visit | 20% of Allowed Benefit | CUT8400 | |

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice HMO Smart Selections Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|-------------|-----------------------|---------------------------------|--|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 1-S | None | \$4,500/\$9,000 | Combined with Medical | \$10/\$20 | \$40 | \$10 | \$200 per visit | \$300 per day (\$1,500 max per admission) | SUM3272 |
| 2-S | \$500/\$1,000 | | | \$10/\$20 | \$40 | \$10 | \$200 per visit AD | \$300 per day AD (\$1,500 max per admission) | SUM3273 |
| 3-S | \$1,000/\$2,000 | \$6,850/\$13,700 | | \$20/\$40 | \$60 | \$20 | \$200 per visit AD | \$300 per day AD (\$1,500 max per admission) | SUM3274 |
| 4-S | \$2,000/\$4,000 | | | \$20/\$40 | \$60 | \$20 | \$200 per visit AD | \$300 per day AD (\$1,500 max per admission) | SUM3275 |
| 5-S | \$1,500/\$3,000 | \$5,000/\$10,000 | | \$20/\$40 | \$60 | \$20 | \$200 per visit AD | 20% of Allowed Benefit AD | SUM4088 |
| 6-S | \$3,000/\$6,000 | \$6,000/\$12,000 | | \$20/\$40 | \$60 | \$20 | \$200 per visit AD | 20% of Allowed Benefit AD | SUM4089 |

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice HMO Coinsurance Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|-----------------------------------|------------------------------|------------------------------|---------------------------------|------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| L | \$1,000/\$2,000 | \$4,500/\$9,000 | Combined with Medical | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | SUM4598 |
| M | \$1,000/\$2,000 | | | \$20/20% of Allowed Benefit AD | \$50 | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM4599 |
| N | \$1,500/\$3,000 | | | \$20/\$40 | \$50 | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM4600 |
| O | \$2,000/\$4,000 | | | \$20/\$40 | \$50 | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM4601 |
| P | \$500/\$1,000 | | | \$10/\$20 | \$50 | \$20 | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | SUM4602 |

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice HMO HSA/HRA Plans

| Combined Medical and Rx Deductibles | | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|---------------------------|---------------------------|---------------------------------|---------------------------|---------------------------------|---------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary | |
| 4 | \$1,600/\$3,200 | \$4,000/\$8,000 | Combined with Medical | \$10/\$20 AD | \$20 AD | No Charge AD | \$100 per visit AD | \$250 per admission AD | SUM4616 | |
| 5 | \$2,000/\$4,000 | | | No Charge AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM5760 |
| 7 | \$1,600/\$3,200 | \$4,500/\$7,900 | | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | SUM4612 |
| 8 | \$1,600/\$3,200 | | | \$20/\$40 AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM4613 |
| 9 | \$2,500/\$5,000 | | | No Charge/\$5 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM4614 |
| 10 | \$1,600/\$3,200 | | | No Charge/\$5 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM4615 |
| 11 | \$2,000/\$4,000 | | | \$4,500/\$7,900 | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD |

All plans include CoreVision Option 1, can be paired with an Integrated Rx Option and can be sold with an HRA or HSA. Aggregate/Unstacked Deductible and OOP maximum.

BlueChoice HMO HRA and HSA/HRA Minimum Value Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|--------------------|---------------------------|---------------------------------|------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| MV1 | \$4,500/\$9,000 | \$6,350/\$12,700 | Combined with Medical | \$30/\$40 AD | \$100 per visit AD | \$40 | \$300 per visit AD | 30% of Allowed Benefit AD | SUM2691 |
| MV2 | \$5,000/\$10,000 | \$6,850/\$13,700 | | \$30/\$60 AD | \$100 per visit AD | \$30 AD | \$300 per visit AD | 40% of Allowed Benefit AD | SUM3276 |
| MV3 | \$3,000/\$6,000 | \$6,000/\$12,000 | | \$25/\$50 | \$100 per visit | No Charge | \$250 per visit AD | No Charge AD | SUM5080 |
| MV4 | \$5,000/\$10,000 | \$7,350/\$14,700 | | \$30/\$60 | \$100 per visit | No Charge | \$250 per visit AD | No Charge AD | SUM5081 |
| MV5 | \$7,000/\$14,000 | \$8,150/\$16,300 | | \$40/\$80 | \$100 per visit | \$40 | \$250 per visit AD | No Charge AD | SUM5082 |
| MV6 | \$3,000/\$6,000 | \$6,000/\$12,000 | | \$25/\$50 | \$100 per visit | 20% of Allowed Benefit | \$250 per visit AD | 20% of Allowed Benefit AD | SUM6891 |

All plans include CoreVision Option 1, can be paired with a Non-Integrated Minimum Value Rx Option and sold with an HRA. Separate/Stacked Deductible and OOP maximum.

| Combined Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|------------------------------|------------------------------|---------------------------------|------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| MV1 | \$4,000/\$8,000 | \$6,550/\$13,100 | Combined with Medical | \$30/\$40 AD | \$50 per visit AD | 20% of Allowed Benefit AD | \$250 per visit AD | 20% of Allowed Benefit AD | SUM4619 |
| MV3 | \$3,200/\$6,400 | \$6,000/\$12,000 | | \$0/\$5 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM5083 |
| MV4 | \$5,000/\$10,000 | \$6,650/\$13,300 | | \$0/\$5 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM5084 |
| MV5 | \$7,000/\$14,000 | \$8,000/\$16,000 | | \$0/\$20 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM6885 |
| MV6 | \$3,200/\$6,400 | \$6,000/\$12,000 | | \$0/\$20 AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM6888 |

All plans include CoreVision Option 1, can be paired with an Integrated Minimum Value Rx Option and sold with an HRA or HSA. Separate/Stacked Deductible and OOP maximum.

BlueChoice HMO Notes

- PCP referrals are required to see in-network BlueChoice specialists for BlueChoice HMO plans.
- Coinsurance only applies to in-network services.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the out-of-pocket maximum.
- AD indicates that the copay or coinsurance applies after the deductible is met.
- All plans with a deductible of \$1,000 or more can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

BlueChoice HMO Minimum Value Notes

- PCP referrals are required to see in-network BlueChoice specialists for BlueChoice HMO plans.
- Coinsurance only applies to in-network services for BlueChoice and BlueChoice Open Access plans.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum.
- AD indicates the copay or coinsurance applies after the deductible is met.
- All plans can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

BlueChoice HMO Open Access Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|--------------|-----------------------|---------------------------------|---------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 3 | None | \$1,300/\$2,600 | \$4,500/\$9,000 | \$10/\$20 | \$20 | No Charge | \$50 per visit | No Charge | CUT6684 |
| 13 | None | | | \$30/\$40 | \$40 | No Charge | \$50 per visit | \$300 per admission | CUT6674 |
| 14 | None | | | \$20/\$30 | \$30 | No Charge | \$50 per visit | \$300 per admission | CUT6673 |
| 15 | None | \$1,000/\$2,000 | Combined with Medical | \$20/\$30 | \$50 | No Charge | \$250 per visit | \$300 per admission | SUM5761 |
| 16 | \$500/\$1,000 | | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5762 |
| 17 | \$1,000/\$2,000 | \$2,000/\$4,000 | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5763 |
| 18 | \$1,500/\$3,000 | \$3,000/\$6,000 | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5764 |
| 19 | \$2,000/\$4,000 | \$4,000/\$8,000 | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5765 |
| 20 | \$2,500/\$5,000 | \$5,000/\$10,000 | | \$20/\$30 | \$50 | No Charge | \$250 per visit AD | \$300 per admission AD | SUM5766 |
| B | \$500/\$1,000 | \$2,500/\$5,000 | | \$3,500/\$7,000 | \$20/\$30 AD | \$30 AD | No Charge | \$100 per visit AD | No Charge AD |
| C | \$500/\$1,000 | | \$30/\$40 AD | | \$40 AD | No Charge | \$100 per visit AD | No Charge AD | CUT6670 |
| I | \$500/\$1,000 | | \$30/\$40 AD | | \$40 AD | No Charge | \$100 per visit AD | 20% of Allowed Benefit AD | CUT8498 |
| J | None | | \$30/\$40 | | \$40 | No Charge | \$100 per visit | 20% of Allowed Benefit | CUT8499 |
| K | \$1,000/\$2,000 | | \$20/\$30 AD | | \$30 AD | No Charge | \$100 per visit AD | 20% of Allowed Benefit AD | SUM2673 |

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice HMO Open Access Smart Selections Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|-------------|-----------------------|---------------------------------|--|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 1-S | None | \$4,500/\$9,000 | Combined with Medical | \$10/\$20 | \$40 | \$10 | \$200 per visit | \$300 per day (\$1,500 max per admission) | SUM3277 |
| 2-S | \$500/\$1,000 | | | \$10/\$20 | \$40 | \$10 | \$200 per visit AD | \$300 per day AD (\$1,500 max per admission) | SUM3278 |
| 3-S | \$1,000/\$2,000 | \$6,850/\$13,700 | | \$20/\$40 | \$60 | \$20 | \$200 per visit AD | \$300 per day AD (\$1,500 max per admission) | SUM3279 |
| 4-S | \$2,000/\$4,000 | | | \$20/\$40 | \$60 | \$20 | \$200 per visit AD | \$300 per day AD (\$1,500 max per admission) | SUM3280 |
| 5-S | \$1,500/\$3,000 | \$5,000/\$10,000 | | \$20/\$40 | \$60 | \$20 | \$200 per visit AD | 20% of Allowed Benefit AD | SUM4090 |
| 6-S | \$3,000/\$6,000 | \$6,000/\$12,000 | | \$20/\$40 | \$60 | \$20 | \$200 per visit AD | 20% of Allowed Benefit AD | SUM4091 |

All plans include CoreVision Option 1 and can be paired with a Non-Integrated Rx Option. Options with \$1,000 deductible or more can be sold with an HRA. Separate/Stacked Deductible and OOP maximum.

BlueChoice HMO Open Access HRA and HSA/HRA Plans

| Combined Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|--|-----------------------------------|----------------------------------|-------------|-----------------------|------------------------------|------------------------|---------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 1 | \$1,200/\$2,400 | \$2,400/\$6,550 | Combined with Medical | \$15/\$25 AD | \$25 AD | No Charge AD | \$100 per visit AD | \$250 per admission AD | CUT7005 |
| 6 | \$1,300/\$2,600 | \$2,600/\$6,550 | | \$15/\$25 AD | \$25 AD | No Charge AD | \$100 per visit AD | \$250 per admission AD | SUM1866 |

All plans include CoreVision Option 1, can be paired with an Integrated HealthyBlue Rx Option and sold with an HRA. Aggregate/Unstacked Deductible and OOP maximum

| Combined Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|--|-----------------------------------|----------------------------------|--------------|-----------------------|------------------------------|------------------------|---------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 2 | \$2,500/\$5,000 | \$3,500/\$6,550 | Combined with Medical | No Charge AD | No Charge AD | No Charge AD | \$100 per visit AD | \$250 per admission AD | CUT7006 |
| 3* | \$4,000/\$8,000 | \$6,550/\$13,100 | | No Charge AD | No Charge AD | No Charge AD | \$100 per visit AD | \$250 per admission AD | CUT7007 |
| 4 | \$1,600/\$3,200 | \$4,000/\$8,000 | | \$10/\$20 AD | \$20 AD | No Charge AD | \$100 per visit AD | \$250 per admission AD | CUT7008 |
| 11 | \$2,000/\$4,000 | \$4,000/\$8,000 | | No Charge AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM5767 |

All plans include CoreVision Option 1, can be paired with an Integrated HealthyBlue Rx Option and can be sold with an HRA or HSA.

* Option 3 has a Separate/Stacked Deductible and OOP maximum. All other options have an Aggregate/Unstacked Deductible and OOP maximum.

BlueChoice HMO Open Access HRA and HSA/HRA Coinsurance Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|-----------------------------------|------------------------------|------------------------------|---------------------------------|------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| L | \$1,000/\$2,000 | \$4,500/\$9,000 | Combined with Medical | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | SUM4603 |
| M | \$1,000/\$2,000 | | | \$20/20% of Allowed Benefit AD | \$50 | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM4604 |
| N | \$1,500/\$3,000 | | | \$20/\$40 | \$50 | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM4605 |
| O | \$2,000/\$4,000 | | | \$20/\$40 | \$50 | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM4606 |
| P | \$500/\$1,000 | | | \$10/\$20 | \$50 | \$20 | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | SUM4607 |

All plans include CoreVision Option 1, can be paired with a Non-Integrated Rx Option and sold with an HRA. Separate/Stacked Deductible and OOP maximum.

| Combined Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|------------------------------|------------------------------|---------------------------------|------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| 7 | \$1,600/\$3,200 | \$4,500/\$7,900 | Combined with Medical | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | 10% of Allowed Benefit AD | SUM4608 |
| 8 | \$1,600/\$3,200 | | | \$20/\$40 AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM4609 |
| 9 | \$2,500/\$5,000 | | | No Charge/\$5 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM4610 |
| 10 | \$1,600/\$3,200 | | | No Charge/\$5 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM4611 |

All plans include CoreVision Option 1, can be paired with an Integrated Rx Option and can be sold with an HRA or HSA. Aggregate/Unstacked Deductible and OOP maximum.

BlueChoice Open Access HRA and HSA/HRA Minimum Value Plans

| Separate Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|-----------------|---------------------------|---------------------------------|------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| MV3 | \$3,000/\$6,000 | \$6,000/\$12,000 | Combined with Medical | \$25/\$50 | \$100 per visit | No Charge | \$250 per visit AD | No Charge AD | SUM5085 |
| MV4 | \$5,000/\$10,000 | \$7,350/\$14,700 | | \$30/\$60 | \$100 per visit | No Charge | \$250 per visit AD | No Charge AD | SUM5086 |
| MV5 | \$7,000/\$14,000 | \$8,150/\$16,300 | | \$40/\$80 | \$100 per visit | \$40 | \$250 per visit AD | No Charge AD | SUM5087 |
| MV6 | \$3,000/\$6,000 | \$6,000/\$12,000 | | \$25/\$50 | \$100 per visit | 20% of Allowed Benefit | \$250 per visit AD | 20% of Allowed Benefit AD | SUM6892 |

All plans include CoreVision Option 1, can be paired with a Non-Integrated Minimum Value Rx Option and sold with an HRA. Separate/Stacked Deductible and OOP maximum.

| Combined Medical and Rx Deductibles | | | | | | | | | |
|-------------------------------------|-----------------------------------|---|-----------------------------------|----------------------------------|------------------------------|------------------------------|---------------------------------|------------------------------|---------------------------------|
| Option | Deductible (Individual/Family) | Medical OOP Max (Individual/Family) | Rx OOP Max (Individual/Family) | Office Visit (PCP/Specialist) | Urgent Care | Lab (Freestanding) | Emergency Room (Facility) | Inpatient Facility | Marketing Benefit Summary |
| MV1 | \$4,000/\$8,000 | \$6,550/\$13,100 | Combined with Medical | \$30/\$40 AD | \$50 per visit AD | 20% of Allowed Benefit AD | \$250 per visit AD | 20% of Allowed Benefit AD | SUM2690 |
| MV3 | \$3,200/\$6,400 | \$6,000/\$12,000 | | \$0/\$5 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM5088 |
| MV4 | \$5,000/\$10,000 | \$6,650/\$13,300 | | \$0/\$5 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM5089 |
| MV5 | \$7,000/\$14,000 | \$8,000/\$16,000 | | \$0/\$20 AD | No Charge AD | No Charge AD | No Charge AD | No Charge AD | SUM6886 |
| MV6 | \$3,200/\$6,400 | \$6,000/\$12,000 | | \$0/\$20 AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | 20% of Allowed Benefit AD | SUM6889 |

All plans include CoreVision Option 1, can be paired with an Integrated Minimum Value Rx Option and sold with an HRA or HSA. Separate/Stacked Deductible and OOP maximum.

BlueChoice Open Access Notes

- PCP referrals are not required.
- Coinsurance only applies to in-network services.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the out-of-pocket maximum.
- AD indicates that the copay or coinsurance applies after the deductible is met.
- All plans with a deductible of \$1,000 or more can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

BlueChoice Open Access Minimum Value Notes

- PCP referrals are not required.
- Coinsurance only applies to in-network services for BlueChoice Open Access plans.
- Amounts members pay in copays, coinsurance and deductible(s) contribute to the combined medical and drug out-of-pocket maximum.
- AD indicates the copay or coinsurance applies after the deductible is met.
- All plans can be sold with an HRA.
- All HSA and HRA plans may be offered as BlueFund or Compatible. BlueFund plans integrate with our fund administrator. Compatible funds do not integrate with CareFirst's fund administrator.
- Emergency room cost-share amounts are waived if the member is admitted to the hospital.

MD Standard Non-Integrated Deductible Formulary 3 Rx Options

| Non-Integrated Deductible (Separate Medical and Drug) Rx Options | | |
|--|---|--------------------|
| Options | Features | Rx Benefit Summary |
| A | \$0 Ded, \$10/\$25/\$45/50% up to \$100/50% up to \$150 | SUM4025 |
| B | \$0 Ded, \$0/\$50/\$75/50% up to \$100/50% up to \$150 | SUM4026 |
| C | \$0 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150 | SUM4027 |
| D | \$0 Ded, \$15/\$45/\$70/50% up to \$100/50% up to \$150 | SUM4028 |
| E | \$0 Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150 | SUM4029 |
| F | \$100 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150 | SUM4031 |
| G | \$200 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150 | SUM4032 |
| H | \$300 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150 | SUM4033 |

MD Standard Integrated Deductible Formulary 3 Rx Options

| Integrated Deductible (Combined Medical and Drug) Rx Options* | | |
|---|--|--------------------|
| Options | Features | Rx Benefit Summary |
| A-I | Int Ded, \$0/\$25/\$45/50% up to \$100/50% up to \$150 | SUM4036 |
| B-I | Int Ded, \$10/\$25/\$45/50% up to \$100/50% up to \$150 | SUM4038 |
| C-I | Int Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150 | SUM4039 |
| D-I | Int Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150 | SUM4042 |

* Includes access to an additional list of generic drugs at \$0 copay. For a complete list of these select generic drugs, visit www.carefirst.com/rx.

MD Standard Minimum Value Formulary 3 Rx Options

| Non-Integrated Deductible (Separate Medical and Drug) Rx Options | | |
|--|--|--------------------|
| Options | Features | Rx Benefit Summary |
| C (Minimum Value) | \$0 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150 | SUM6882 |
| E (Minimum Value) | \$0 Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150 | SUM4030 |
| I (Minimum Value) | \$500 Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150 | SUM4034 |
| J (Minimum Value) | \$500 Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150 | SUM4035 |

| Integrated Deductible (Combined Medical and Drug) Rx Options* | | |
|---|--|--------------------|
| Options | Features | Rx Benefit Summary |
| C-I (Minimum Value) | Int Ded, \$15/\$35/\$60/50% up to \$100/50% up to \$150 | SUM4040 |
| D-I (Minimum Value) | Int Ded, \$15/\$50/\$100/50% up to \$100/50% up to \$150 | SUM4043 |

* Includes access to an additional list of generic drugs at \$0 copay. For a complete list of these select generic drugs, visit www.carefirst.com/rx.

General Pharmacy Notes

- If there is a deductible, copay(s) and/or coinsurance(s) apply after the deductible has been met. Some plans waive the deductible for generic drugs, as noted in the benefits.
- Amounts members pay in coinsurance, copays and deductibles contribute to the combined medical and drug out-of-pocket maximum.
- Prior authorizations, step therapy and quantity limits are standard on all options.
- All 51+ Risk prescription drug plans have Formulary 3. Visit www.carefirst.com/rx to view the list of covered drugs.
- Within the formulary, prescription drugs are divided into 5 tiers: Generic, Preferred Brand, Non-Preferred Brand, Preferred Specialty, and Non-Preferred Specialty.

Generic Drugs

- Generic drugs are equally safe and effective as brand-name drugs, but generic drugs typically cost significantly less.

Brand Drugs

- Preferred brand drugs are brand-name drugs that are not yet available in generic form but are chosen for their cost-effectiveness compared to alternatives. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
- Non-preferred brand drugs often have a generic or preferred brand drug option where the member's cost share will be lower.

Specialty Drugs

- Specialty drugs are high-cost drugs that may require special handling, administration or monitoring and may be oral or injectable medications used to treat chronic, complex and/or rare health conditions like rheumatoid arthritis or multiple sclerosis.
- Preferred specialty drugs are generic or preferred specialty drugs with a lower member cost share than non-preferred specialty drugs.
- Non-preferred specialty drugs often have a generic or preferred specialty drug option where the member's cost share will be lower.
- Benefits for specialty drugs are only available when purchased from and dispensed by CVS Specialty Pharmacy through the Exclusive Specialty Pharmacy Network. Members can choose home delivery or delivery to an address of their choice, including their doctor's office or a CVS Pharmacy retail location. Coverage for specialty drugs will not be provided when a member purchases specialty drugs from a pharmacy other than CVS Specialty Pharmacy.

Generic Dispensing

- Restricted Generic Substitution (applies to all 51+ Risk plans, except Minimum Value plans): If the member chooses a covered non-preferred brand drug when a generic alternative is available, the member will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand-name drug up to the cost of the drug, UNLESS the prescriber writes "Dispense as Written" (DAW) on the prescription. If DAW is written on the prescription, the member pays the non-preferred brand copay or coinsurance.
- Mandatory Generic Substitution (applies to 51+ Risk Minimum Value plans only): If the member chooses a covered non-preferred brand drug when a generic alternative is available, the member will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand-name drug up to the cost of the drug, even if the prescriber writes "Dispense as Written" on the prescription.

WellBeing and Blue Rewards Notes

All medical plans include our WellBeing Program and the Blue Rewards member incentive program which have been enhanced for the plan year. These programs are available at no additional administrative cost to our accounts.

Wellness Program

We are proud to offer CareFirst WellBeingSM, a personalized digital connection to help members live their healthiest life. Our well-being and disease management program delivers a thoughtful portfolio of easy-to-navigate, member-centric well-being solutions.

The wellness program offers exclusive features including:

- **RealAge[®]:** This unique online health assessment shows the member's physical age compared to their calendar age.
- **Personalized timeline:** Based on their well-being goals, motivation and interests, each individual receives customized tips, insights and tools.
- **Trackers:** The program enables members to connect wearable devices or enter their own data to monitor daily habits like sleep, steps, nutrition and more.
- **Challenges:** A variety of challenge options are available that help support and motivate members to achieve their health goals.
- **Health profile:** Provides members with easy access to the evolving story of their health including biometric information, lab results and medications, all in one place.
- **Blue Rewards:** Members can earn incentives for participating in activities like taking the RealAge test, consenting to receive wellness emails, selecting a primary care provider (PCP) and completing a health screening.

There are also specialized programs to help members with a chronic condition or a specific health goal:

- **Health coaching:** Our coaching program is confidential, personalized, approachable and delivered through one-on-one calls and an easy-to-use portal where members can access relevant educational resources, schedule calls with their coach and more. Lifestyle coaching helps identify opportunities to improve participants' health and well-being in areas such as stress management and healthy eating. Disease management coaching aims to help participants with a chronic condition take charge of their symptoms, treatment and medications.
- **Weight management:** Eligible members are now able to choose between two weight management programs through CareFirst WellBeing. Both programs provide a psychology-based approach that supports long-lasting healthy weight goals, but each is delivered in a manner to fit the needs of the member—either through a self-paced app or by a guided method to weight management.
- **Tobacco cessation:** Participants receive expert guidance, supportive and encouraging communications based on their preferences and an online community to make quitting even more successful.
- **Financial well-being:** Individuals are empowered to take control of their finances by making small changes that add up to big results.

WellBeing and Blue Rewards* Notes

Blue Rewards

The subscriber and the subscriber’s spouse or domestic partner are both eligible to earn the Blue Rewards incentive. Dependents, regardless of age, are not eligible for Blue Rewards. The following activities are part of the Blue Rewards program:

| How it Works | Who’s Eligible | Timing | Incentive Amount |
|--|--|---|-----------------------------|
| Select a PCP AND complete a health screening by visiting a PCP or CVS MinuteClinic | Subscriber and spouse/domestic partner | Within 180 days of effective or renewal date | \$100 |
| Answer the RealAge health assessment AND consent to receive wellness emails | Subscriber and spouse/domestic partner | Within 180 days of effective or renewal date | \$50 |
| Retake the RealAge health assessment no earlier than 90 days (among those who already completed an initial assessment) | Those who took the initial health assessment and provided e-consent | Through end of the benefit period | \$25 |
| Health coaching ■ Session 1 = \$30 ■ Session 2 = \$70 ■ Session 3 = \$100 | Only those who consent to participate in and complete coaching sessions. | Through end of benefit period (1 coaching session per (2–60) days up to 3 sessions/\$200 maximum) | \$30–\$200 based on session |

* Effective 1/1/2024 upon renewal

Incentive type:

The incentive type for the Blue Rewards program is a medical expense debit card which can be used for their deductible, copays, coinsurance and out-of-pocket expenses related to a member’s medical, prescription drug, dental and vision coverage.

- Members can use the medical expense debit card at health care related merchants only.
- Members can submit proof of a qualified expense online and receive reimbursement.
- The incentive card can be used for expenses incurred by any covered member under the policy, including dependents.

Upon earning an incentive, the subscriber will receive the medical expense debit card for all members covered under the policy. If an incentive was earned last year, the incentive card will be reloaded with any newly earned incentives. Subscribers should keep their card as long as they are a CareFirst member. Additional earned amounts will automatically be added to the subscriber’s card.

The reward can be used for any expense incurred during the benefit period. Members will have a 90-day grace period to submit expenses that were incurred during the benefit period.

Members enrolled in a health plan with a health savings account (HSA) option:

Members funding a high-deductible medical plan must reach their IRS minimum deductible before they can use their Blue Rewards debit card. If these members have CareFirst vision or dental benefits, they can certify to only use the card for eligible vision/dental expenses prior to meeting their deductible.

WellBeing and Blue Rewards Notes

Additional notes

- The selection of a PCP is not required at the time of enrollment unless the product specifies it; however, a PCP must be selected post-enrollment to earn the Blue Rewards.
 - Members enrolled in Advantage and PPO products located outside the service area can select a PCP in the BlueCard® national PPO network from any of the following specialties to earn the reward amount: General Practice, Family Practice, Internal Medicine, Pediatrics and Geriatrics.
- When an employee is hired into a group, they do not have to wait to complete the incentive steps. The “start” time for being eligible to complete the steps is equal to when the coverage is effective for the employee.
- Incentive funds are “use it or lose it” and need to be used for services incurred during the benefit period.

Dental Plans and Benefit Information

Plan Comparison Chart

| Plan Feature | BlueDHMO | BlueDental EPO | BlueDental Basic | BlueDental Plus |
|---------------------|---|--|--|--|
| Advantages | Low-cost, regional-only dental coverage with predictable out-of-pocket costs | Low-cost comprehensive dental coverage with predictable out-of-pocket costs and broad, national access | Basic dental coverage with access to a national network | Rich, comprehensive dental coverage with broad, national access |
| Network | Over 600 regional providers | 132,000 unique providers and over 500,000 access points nationwide | 132,000 unique providers and over 500,000 access points nationwide | 132,000 unique providers and over 500,000 access points nationwide |
| Key Features | <ul style="list-style-type: none"> ■ Includes comprehensive coverage for dental services ■ Copays cover in-network dental services ■ One copay per office visit for routine dental services, such as exams, X-rays and simple extractions ■ No deductibles or pre-existing waiting periods—applies to both employer-sponsored and voluntary plans ■ No voluntary load ■ Minimum of two (2) MUST enroll in freestanding employer-sponsored or voluntary plans; however, no participation requirement | <ul style="list-style-type: none"> ■ Copays cover in-network dental services ■ Most preventive and diagnostic services covered in full and not subject to the deductible ■ Can purchase with medical coverage or freestanding ■ No missing teeth exclusions or limitations for pre-existing conditions ■ Composite fillings are covered on all teeth ■ No individual waiting periods for employer-sponsored. Group level waiting periods waived with 12 months of immediate prior group coverage ■ Orthodontics lifetime maximum calculated on only CareFirst paid dollars. We do not reduce benefit based on payments by another carrier | <ul style="list-style-type: none"> ■ Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible ■ Can purchase with medical coverage or freestanding ■ Participating dental providers accept CareFirst's allowed benefit amounts as payment-in-full for covered services ■ Out-of-network care: Members have the option to see any dentist and still receive coverage, but may have to file their own claim forms and pay higher out-of-pocket costs ■ Deductible is combined in & out-of-network ■ No missing teeth exclusions or limitations for pre-existing conditions ■ Composite fillings are covered on all teeth | <ul style="list-style-type: none"> ■ Preventive and diagnostic services covered in full when seeing an in-network provider and not subject to the deductible ■ Can purchase with medical coverage or freestanding ■ Combined in- and out-of-network deductible ■ Annual maximum does not apply to preventive and diagnostic services or orthodontic services ■ No missing teeth exclusions or limitations for pre-existing conditions ■ Composite fillings are covered on all teeth ■ No individual waiting periods for employer-sponsored. Group level waiting periods waived with 12 months of immediate prior group coverage ■ Orthodontics lifetime maximum calculated on only CareFirst paid dollars. We do not reduce benefit based on payments by another carrier |

Dental Plans and Benefit Information

Plan Flexibility & Options

| Plan Feature | BlueDHMO | BlueDental EPO | BlueDental Basic | BlueDental Plus |
|--------------------------------------|---------------------------------|---|---|---|
| Deductible | None | In-network: \$25/\$75 Does not apply to Preventive and Diagnostic Services | In-network: \$25/\$75 Out-of-network: \$50/\$150 Does not apply to Preventive and Diagnostic Services | In-network: \$25/\$75 Out-of-network: \$50/\$150 Does not apply to Preventive and Diagnostic Services |
| (Combined In-network/Out-of-network) | N/A | N/A | Yes | Yes |
| Annual maximum | No maximum | \$2,000 (Employer-sponsored or Voluntary) Does not apply to Preventive and Diagnostic Services | \$1,000 Does not apply to Preventive & Diagnostic Services | \$1,500 (Employer-sponsored or Voluntary) or \$2,000 (Employer-sponsored) Does not apply to Preventive & Diagnostic or Orthodontic Services |
| Orthodontia | Child/Adult | None or Child/Adult | No benefit | None or Child/Adult |
| Orthodontia lifetime maximum | No Maximum | \$2,000 | No benefit | \$1,500 |
| Funding | Employer-sponsored or Voluntary | Employer-sponsored or Voluntary | Employer-sponsored or Voluntary | Employer-sponsored or Voluntary |
| Select Primary Care Dentist | Yes | No | No | No |
| Referral Required | Yes | No | No | No |
| In-network coinsurances | Copay Schedule | Copay Schedule | 100/80 | 100/80/50 |
| Out-of-network coinsurances | No benefit | No benefit | 80/60 | 100/80/50 or 80/60/35 |
| Out-of-network reimbursement | No benefit | No benefit | PPO fee schedule | PPO fee schedule (Employer-sponsored and Voluntary) or 90 fee schedule out-of-network (Employer-sponsored only) |
| Claim Forms | None | None | Out-of-network only | Out-of-network only |

* Employers with 100+ employees or more can consult with our dental experts to customize a plan that fits their benefit need.

<https://broker.carefirst.com/carefirst-resources/pdf/Dental-SMILE-Kit-Chart-final.pdf>

Dental Notes

Preferred/Traditional

- Summary of Key Features—
 - No missing teeth exclusions or limitations for pre-existing conditions
 - Composite fillings are covered on all teeth
 - No individual waiting periods for employer-sponsored. Group level waiting periods waived with 12 months of immediate prior group coverage
 - Orthodontics lifetime maximum calculated on only CareFirst paid dollars. We do not reduce benefit based on payments by another carrier

Plan Highlights—Product Specific

- Traditional
 - Deductible is \$50/\$150;
 - Preventive/Diagnostic: annual max does apply
 - Ortho is only available up to age 19 and the ortho max is \$1,200.
- Preferred
 - In- and out-of-network deductibles are separate.
 - Preventive/Diagnostic: annual max does apply

Business Rules

- Employer-sponsored and voluntary plans may not be sold together.
- All freestanding Traditional, Preferred, BlueDental Plus, BlueDental EPO and BlueDental Basic plans can be offered on either a calendar or contract year basis.
- Groups may choose up to three dental products (BlueDHMO, Traditional, Preferred, BlueDental Basic, BlueDental EPO or BlueDental Plus). The three dental plans must be selected from different product types based on the compatibility rules (for example: BlueDHMO and BlueDental EPO cannot be offered together). **Exception:** Any two employer-sponsored BlueDental Plus plans may be sold together.
- The six different product types are: Traditional, Preferred, BlueDental Plus, BlueDental Basic, BlueDental EPO and BlueDHMO.
- Freestanding products require two eligibles to enroll; however, no participation requirement for Freestanding DHMO products.
- **Freestanding Dental Only:** Groups may offer up to two dental plans.
 - Premium load is applied to Traditional, Preferred, BlueDental Basic, BlueDental EPO and BlueDental Plus.
- **Voluntary Dental:** The 12-month Benefit Waiting Period Waiver Form, “Proof of Prior Group Dental Coverage for Voluntary Dental,” is located on the broker portal under *Miscellaneous Forms*.
- **Out-of-Network Reimbursement**
 - **BlueDental Plus:** Choose between PPO fee schedule (employer-sponsored or voluntary) or 90 fee schedule (employer-sponsored only).
 - **BlueDental Basic:** PPO fee schedule only.

Deductible Credit (not applicable to DHMO)

- If a member was covered on the day immediately preceding the effective date of the CareFirst dental contract Evidence of Coverage under any other group agreement issued to the group, then charges for covered dental services (as defined) incurred by that member and applicable toward the individual or family deductible under the prior agreement, shall be used to satisfy all or any portion of the individual or family deductible amounts under the CareFirst dental contract Evidence of Coverage. This deductible credit provision applies only to the deductible amount wholly or partially satisfied in the first benefit period in which the change in group health plans occurs.

Dental Products

| BlueDental Plus | | | | | | | |
|---|---|-----------------|--|--|--|------------------------------|-------------|
| Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule. Plans 1-8: Employer Sponsored or Voluntary, Plans 9-19 Employer Sponsored only | | | | | | | |
| Plan** | Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services) | | Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services) | Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative) | Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative) | Orthodontic Lifetime Maximum | Item Number |
| Plan 1 | In: \$25/\$75 | Out: \$50/\$150 | \$1,500 | 100/80/80/50 | 100/80/80/50 | N/A | SUM2580 |
| | | | | | | \$800 | SUM6044 |
| | | | | | | \$1,000 | SUM6046 |
| | | | | | | \$1,200 | SUM6048 |
| | | | | | | \$1,500 | SUM2592 |
| | | | | | | \$2,000 | SUM6050 |
| Plan 2 | In: \$25/\$75 | Out: \$50/\$150 | \$1,500 | 100/80/80/50 | 80/60/60/35 | N/A | SUM2581 |
| | | | | | | \$800 | SUM6052 |
| | | | | | | \$1,000 | SUM6054 |
| | | | | | | \$1,200 | SUM6056 |
| | | | | | | \$1,500 | SUM2593 |
| | | | | | | \$2,000 | SUM6058 |
| Plan 3 | In: \$25/\$75 | Out: \$50/\$150 | \$1,500 | 100/80/50/50 | 100/80/50/50 | N/A | SUM2582 |
| | | | | | | \$800 | SUM6076 |
| | | | | | | \$1,000 | SUM6078 |
| | | | | | | \$1,200 | SUM6080 |
| | | | | | | \$1,500 | SUM2594 |
| | | | | | | \$2,000 | SUM6082 |
| Plan 4 | In: \$25/\$75 | Out: \$50/\$150 | \$1,500 | 100/80/50/50 | 80/60/35/35 | N/A | SUM2583 |
| | | | | | | \$800 | SUM6084 |
| | | | | | | \$1,000 | SUM6086 |
| | | | | | | \$1,200 | SUM6088 |
| | | | | | | \$1,500 | SUM2595 |
| | | | | | | \$2,000 | SUM6090 |
| Plan 5 | In: \$25/\$75 | Out: \$50/\$150 | \$2,000 | 100/80/80/50 | 100/80/80/50 | N/A | SUM2584 |
| | | | | | | \$800 | SUM6060 |
| | | | | | | \$1,000 | SUM6062 |
| | | | | | | \$1,200 | SUM6064 |
| | | | | | | \$1,500 | SUM2596 |
| | | | | | | \$2,000 | SUM6066 |

* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit. Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

Dental Products

BlueDental Plus

Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule.
Plans 1–8: Employer Sponsored or Voluntary, Plans 9–19 Employer Sponsored only

| Plan** | Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services) | | Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services) | Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative) | Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative) | Orthodontic Lifetime Maximum | Item Number |
|---------|---|-----------------|--|---|--|------------------------------|-------------|
| Plan 6 | In: \$25/\$75 | Out: \$50/\$150 | \$2,000 | 100/80/80/50 | 80/60/60/35 | N/A | SUM2585 |
| | | | | | | \$800 | SUM6068 |
| | | | | | | \$1,000 | SUM6070 |
| | | | | | | \$1,200 | SUM6072 |
| | | | | | | \$1,500 | SUM2597 |
| | | | | | | \$2,000 | SUM6074 |
| Plan 7 | In: \$25/\$75 | Out: \$50/\$150 | \$2,000 | 100/80/50/50 | 100/80/50/50 | N/A | SUM2586 |
| | | | | | | \$800 | SUM6092 |
| | | | | | | \$1,000 | SUM6094 |
| | | | | | | \$1,200 | SUM6096 |
| | | | | | | \$1,500 | SUM2598 |
| | | | | | | \$2,000 | SUM6098 |
| Plan 8 | In: \$25/\$75 | Out: \$50/\$150 | \$2,000 | 100/80/50/50 | 80/60/35/35 | N/A | SUM2587 |
| | | | | | | \$800 | SUM6100 |
| | | | | | | \$1,000 | SUM6102 |
| | | | | | | \$1,200 | SUM6104 |
| | | | | | | \$1,500 | SUM2599 |
| | | | | | | \$2,000 | SUM6106 |
| Plan 9 | In: \$50/\$150 | Out: \$50/\$150 | \$1,000 | 100/80/50/50 | 100/80/50/50 | N/A | SUM5984 |
| | | | | | | \$800 | SUM5986 |
| | | | | | | \$1,000 | SUM5988 |
| | | | | | | \$1,200 | SUM5990 |
| | | | | | | \$1,500 | SUM5992 |
| | | | | | | \$2,000 | SUM5994 |
| Plan 10 | In: \$50/\$150 | Out: \$50/\$150 | \$1,000 | 100/80/80/50 | 100/80/80/50 | N/A | SUM5912 |
| | | | | | | \$800 | SUM5914 |
| | | | | | | \$1,000 | SUM5916 |
| | | | | | | \$1,200 | SUM5918 |
| | | | | | | \$1,500 | SUM5920 |
| | | | | | | \$2,000 | SUM5922 |

* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit.
Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

Dental Products

BlueDental Plus

Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule.
Plans 1-8: Employer Sponsored or Voluntary, Plans 9-19 Employer Sponsored only

| Plan** | Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services) | | Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services) | Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative) | Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative) | Orthodontic Lifetime Maximum | Item Number |
|---------|---|-----------------|--|--|--|------------------------------|-------------|
| Plan 11 | In: \$50/\$150 | Out: \$50/\$150 | \$1,500 | 100/80/50/50 | 100/80/50/50 | N/A | SUM5996 |
| | | | | | | \$800 | SUM5998 |
| | | | | | | \$1,000 | SUM6000 |
| | | | | | | \$1,200 | SUM6002 |
| | | | | | | \$1,500 | SUM6004 |
| | | | | | | \$2,000 | SUM6006 |
| Plan 12 | In: \$50/\$150 | Out: \$50/\$150 | \$1,500 | 100/80/80/50 | 100/80/80/50 | N/A | SUM5924 |
| | | | | | | \$800 | SUM5926 |
| | | | | | | \$1,000 | SUM5928 |
| | | | | | | \$1,200 | SUM5930 |
| | | | | | | \$1,500 | SUM5932 |
| | | | | | | \$2,000 | SUM5934 |
| Plan 13 | In: \$25/\$75 | Out: \$25/\$75 | \$1,500 | 100/90/60/60 | 100/90/60/60 | N/A | SUM6008 |
| | | | | | | \$800 | SUM6010 |
| | | | | | | \$1,000 | SUM6012 |
| | | | | | | \$1,200 | SUM6014 |
| | | | | | | \$1,500 | SUM6016 |
| | | | | | | \$2,000 | SUM6018 |
| Plan 14 | In: \$50/\$150 | Out: \$50/\$150 | \$1,500 | 100/90/60/60 | 100/90/60/60 | N/A | SUM6020 |
| | | | | | | \$800 | SUM6022 |
| | | | | | | \$1,000 | SUM6024 |
| | | | | | | \$1,200 | SUM6026 |
| | | | | | | \$1,500 | SUM6028 |
| | | | | | | \$2,000 | SUM6030 |

* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit.
Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

Dental Products

BlueDental Plus

Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule.
Plans 1–8: Employer Sponsored or Voluntary, Plans 9–19 Employer Sponsored only

| Plan** | Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services) | | Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services) | Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative) | Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative) | Orthodontic Lifetime Maximum | Item Number |
|---------|---|-----------------|--|---|--|------------------------------|-------------|
| | In: \$25/\$75 | Out: \$25/\$75 | | | | | |
| Plan 15 | In: \$25/\$75 | Out: \$25/\$75 | \$1,500 | 100/90/90/60 | 100/90/90/60 | N/A | SUM5936 |
| | | | | | | \$800 | SUM5938 |
| | | | | | | \$1,000 | SUM5940 |
| | | | | | | \$1,200 | SUM5942 |
| | | | | | | \$1,500 | SUM5944 |
| | | | | | | \$2,000 | SUM5946 |
| Plan 16 | In: \$50/\$150 | Out: \$50/\$150 | \$1,500 | 100/90/90/60 | 100/90/90/60 | N/A | SUM5948 |
| | | | | | | \$800 | SUM5950 |
| | | | | | | \$1,000 | SUM5952 |
| | | | | | | \$1,200 | SUM5954 |
| | | | | | | \$1,500 | SUM5956 |
| | | | | | | \$2,000 | SUM5958 |
| Plan 17 | In: \$50/\$150 | Out: \$50/\$150 | \$2,000 | 100/90/60/60 | 100/90/60/60 | N/A | SUM6032 |
| | | | | | | \$800 | SUM6034 |
| | | | | | | \$1,000 | SUM6036 |
| | | | | | | \$1,200 | SUM6038 |
| | | | | | | \$1,500 | SUM6040 |
| | | | | | | \$2,000 | SUM6042 |
| Plan 18 | In: \$25/\$75 | Out: \$25/\$75 | \$2,000 | 100/90/90/60 | 100/90/90/60 | N/A | SUM5960 |
| | | | | | | \$800 | SUM5962 |
| | | | | | | \$1,000 | SUM5964 |
| | | | | | | \$1,200 | SUM5966 |
| | | | | | | \$1,500 | SUM5968 |
| | | | | | | \$2,000 | SUM5970 |

* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit. Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

Dental Products

BlueDental Plus

Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime maximum),* PPO or 90 fee schedule.
Plans 1–8: Employer Sponsored or Voluntary, Plans 9–19 Employer Sponsored only

| Plan** | Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services) | | Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services) | Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Surgical/Major Restorative) | Out-of-Network (Preventive & Diagnostic/ Basic/ Major Surgical/Major Restorative) | Orthodontic Lifetime Maximum | Item Number |
|---------|---|-----------------|--|--|--|------------------------------|-------------|
| | In: \$50/\$150 | Out: \$50/\$150 | | | | | |
| Plan 19 | In: \$50/\$150 | Out: \$50/\$150 | \$2,000 | 100/90/90/60 | 100/90/90/60 | N/A | SUM5972 |
| | | | | | | \$800 | SUM5974 |
| | | | | | | \$1,000 | SUM5976 |
| | | | | | | \$1,200 | SUM5978 |
| | | | | | | \$1,500 | SUM5980 |
| | | | | | | \$2,000 | SUM5982 |

** CareFirst gives you the flexibility to select Major Surgical Services at either the Basic Services or Major Restorative Services benefit level. Major Surgical Services include surgical periodontics, endodontics, and complex oral surgery. Plans 1, 2, 5, and 6: Major Surgical Services have the same coinsurance as Basic Services. Plans 3, 4, 7, and 8: Major Surgical Services have the same coinsurance as Major Restorative Services.

BlueDental Basic

Employer-sponsored or Voluntary, provides coverage for Preventive & Diagnostic and Basic Services only,* PPO fee schedule only

| Plan | Standard Deductible (Does not apply to Preventive & Diagnostic Services) | | Standard Maximum (Does not apply to Preventive & Diagnostic Services) | Preferred and Participating Network (Preventive & Diagnostic/ Basic/Major Restorative) | Out-of-Network (Preventive & Diagnostic/Basic/Major Restorative) | Item Number |
|--------|---|-----------------|--|---|---|-------------|
| | In: \$25/\$75 | Out: \$50/\$150 | | | | |
| Plan 1 | In: \$25/\$75 | Out: \$50/\$150 | \$1,000 | 100/80/0 | 80/60/0 | SUM2578 |

* BlueDental Plus/BlueDental Basic: All products have deductible credit and deductible carryover as a CORE benefit. Employer-sponsored requires an employer contribution of at least 50% of Individual premium.

Dental Products

| Preferred (PPO) Dental ¹ | | | | | | |
|-------------------------------------|--|------------------|--|-----------------|----------------|-------------|
| Plans | Standard Deductible (applies to classes 2, 3 & 4) | Standard Maximum | Standard Lifetime Ortho Maximum | In-Network | Out-of-Network | Item Number |
| Plan 1 | In: \$25/\$75 | \$1,000 | \$800 ² | 80/50/50/50/50 | 60/35/35/35/35 | CUT6095 |
| | Out: \$50/\$150 | | | | | |
| Plan 1 | In: \$0/\$0 | \$1,500 | No Ortho | 80/50/50/50 | 60/35/35/35 | CUT6095 |
| | Out: \$50/\$150 | | | | | |
| Plan 2 | In: \$25/\$75 | \$1,000 | \$800/\$1,000/\$1,200 ² | 100/80/80/50/50 | 80/60/60/35/35 | CUT6096 |
| | Out: \$50/\$150 | | | | | |
| Plan 2 | In: \$25/\$75 | \$1,500 | \$800/\$1,000/\$1,200/\$1,500 ² | 100/80/80/50/50 | 80/60/60/35/35 | CUT6096 |
| | Out: \$50/\$150 | | | | | |
| Plan 2 | In: \$0/\$0 | \$1,000 | \$800/\$1,000 ² | 100/80/80/50/50 | 80/60/60/35/35 | CUT6096 |
| | Out: \$50/\$150 | | | | | |
| Plan 2 | In: \$0/\$0 | \$1,500 | \$800 ² | 100/80/80/50/50 | 80/60/60/35/35 | CUT6096 |
| | Out: \$50/\$150 | | | | | |
| Plan 3 | In: \$25/\$75 | \$1,000 | \$800/\$1,000/\$1,500 ² | 100/80/50/50/50 | 80/60/35/35/35 | CUT6097 |
| | Out: \$50/\$150 | | | | | |
| Plan 3 | In: \$25/\$75 | \$1,500 | \$800/\$1,500 ² | 100/80/50/50/50 | 80/60/35/35/35 | CUT6097 |
| | Out: \$50/\$150 | | | | | |
| Plan 3 | In: \$25/\$75 | \$1,000 | \$1,000 | 100/80/50/50/50 | 80/60/35/35/35 | SUM2346 |
| | Out: \$50/\$150 | | | | | |
| Plan 4 | In: \$25/\$75 | \$1,000 | \$1,000 ² | 100/90/90/60/50 | 80/80/80/50/35 | CUT6098 |
| | Out: \$50/\$150 | | | | | |
| Plan 4 | In: \$25/\$75 | \$1,500 | \$1,000/\$1,500 ² | 100/90/90/60/50 | 80/80/80/50/35 | CUT6098 |
| | Out: \$50/\$150 | | | | | |
| Plan 4 | In: \$0/\$0 | \$1,000 | \$1,000 | 100/90/90/60/50 | 80/80/80/50/35 | CUT6098 |
| | Out: \$50/\$150 | | | | | |
| Plan 5 | In: \$25/\$75 | \$1,500 | \$1,500 ² | 100/90/60/60/50 | 80/80/50/50/35 | CUT6466 |
| | Out: \$50/\$150 | | | | | |

¹ Employer Groups can customize their maximums and deductibles

² Also available as standard without orthodontics

Dental Products

| Traditional Dental ¹ | | | | | |
|---------------------------------|--|------------------|--|----------------------------------|-------------|
| Plans | Standard Deductible (applies to classes 2, 3 & 4) | Standard Maximum | Standard Lifetime Ortho Maximum | In-Network and Out-of-Network | Item Number |
| Plan 1 | \$25/\$75 | \$1,000 | \$800 | 80/50/50/50/50 | CUT6090 |
| Plan 1 | \$50/\$150 | \$1,000 | \$1,000 ² | 80/50/50/50/50 | CUT6090 |
| Plan 1 | \$50/\$150 | \$1,500 | \$1,500 ² | 80/50/50/50/50 | CUT6090 |
| Plan 2 | \$25/\$75 | \$1,000 | \$800/\$1,000/\$1,200/\$1,500 | 100/80/80/50/50 | CUT6091 |
| Plan 2 | \$25/\$75 | \$1,500 | \$800/\$1,000/\$1,200 ² | 100/80/80/50/50 | CUT6091 |
| Plan 2 | \$50/\$150 | \$1,000 | \$800/\$1,000/\$1,200/\$1,500 ² | 100/80/80/50/50 | CUT6091 |
| Plan 2 | \$50/\$150 | \$1,500 | \$800/\$1,000/\$1,200/\$1,500 ² | 100/80/80/50/50 | CUT6091 |
| Plan 2 | \$50/\$150 | \$1,500 | \$1,000 | 100/80/80/50/50 | SUM2347 |
| Plan 3 | \$25/\$75 | \$1,000 | \$800 | 100/80/50/50/50 | CUT6092 |
| Plan 3 | \$50/\$150 | \$1,000 | \$800/\$1,000/\$1,200/\$1,500 ² | 100/80/50/50/50 | CUT6092 |
| Plan 3 | \$50/\$150 | \$1,500 | \$800/\$1,000/\$1,500 ² | 100/80/50/50/50 | CUT6092 |
| Plan 4 | \$25/\$75 | \$1,000 | \$800/\$1,000 | 100/90/90/60/50 | CUT6093 |
| Plan 4 | \$25/\$75 | \$1,500 | \$1,500 | 100/90/90/60/50 | CUT6093 |
| Plan 4 | \$50/\$150 | \$1,000 | \$1,000 ² | 100/90/90/60/50 | CUT6093 |
| Plan 4 | \$50/\$150 | \$1,500 | \$800/\$1,000/\$1,500 ² | 100/90/90/60/50 | CUT6093 |
| Plan 5 | \$50/\$150 | \$1,500 | \$1,000/\$1,500 ² | 100/90/60/60/50 | CUT6094 |

¹ Employer Groups can customize their maximums and deductibles

² Also available as standard without orthodontics

Dental Products

| Voluntary Preferred (PPO) Dental ¹ Sold with and without Orthodontics (\$1,200 Benefit) | | | | | |
|---|--|------------------|--------------|----------------|-------------|
| Plans | Standard Deductible (applies to classes 2, 3 & 4) | Standard Maximum | In-Network | Out-of-Network | Item Number |
| Plan 1 | In: \$25/\$75 | \$1,000 | 80/50/50/50 | 60/35/35/35 | SUM1638 |
| | Out: \$50/\$150 | | | | |
| Plan 2 | In: \$25/\$75 | \$1,000 | 100/80/50/50 | 80/60/35/35 | SUM1686 |
| | Out: \$50/\$150 | | | | |
| Plan 3 | In: \$25/\$75 | \$1,000 | 100/80/80/50 | 80/60/60/35 | SUM1687 |
| | Out: \$50/\$150 | | | | |
| Plan 4 | In: \$25/\$75 | \$1,500 | 100/80/80/50 | 80/60/60/35 | SUM1688 |
| | Out: \$50/\$150 | | | | |

| Voluntary Traditional Dental ¹ Sold with and without Orthodontics (\$1,200 Benefit) | | | | |
|---|--|------------------|-------------------------------|-------------|
| Plans | Standard Deductible (applies to classes 2, 3 & 4) | Standard Maximum | In-Network and Out-of-Network | Item Number |
| Plan 1 | \$50/\$150 | \$1,000 | 80/50/50/50 | SUM1689 |
| Plan 2 | \$50/\$150 | \$1,000 | 100/80/50/50 | SUM1690 |
| Plan 3 | \$50/\$150 | \$1,000 | 100/80/80/50 | SUM1691 |
| Plan 4 | \$50/\$150 | \$1,500 | 100/80/80/50 | SUM1692 |

| BlueDHMO (Available with any medical product or can be sold as freestanding) ² | | |
|---|---|-------------|
| Plan | Features | PDF Summary |
| BlueDHMO \$0 | Basic dental services \$0 per office visit | SUM3156 |
| BlueDHMO \$10 | Basic dental services \$10 per office visit | SUM3157 |

¹ 12 month benefit waiting period for classes 3, 4 and 5 for voluntary dental will apply if group did not have prior dental coverage from any carrier.

² Underwritten and administered by The Dental Network, Inc. (TDN). No participation requirements, but Freestanding requires two contracts to enroll.

Dental Products

BlueDental EPO

Employer-sponsored or Voluntary, sold with or without orthodontics, no age limit (\$2,000 orthodontic lifetime max). For Voluntary plans, if a group did not have 12 months prior coverage with another carrier, a 12-month benefit waiting period applies to all services except for Preventive & Diagnostic and Basic.

| Plan | Standard Deductible (Does not apply to Preventive & Diagnostic Services) | Standard Maximum (Does not apply to Preventive & Diagnostic Services and Orthodontic Services) | Preferred and Participating Network | Out-of-Network | PDF Summary | |
|----------------|---|---|-------------------------------------|----------------|-------------|----------|
| | | | | | Ortho | No Ortho |
| BlueDental EPO | \$25/\$75 | \$2,000 | Copays per service | No coverage | SUM4683 | SUM4682 |

BlueChoice Dental HMO (Available rideder to BlueChoice medical products only)

| Plans | Description | Item Number |
|-----------------|--|-------------|
| Plan 10 | Basic Dental Services \$10 per office visit | BRC6341 |
| Plan 20 | Basic Dental Services \$20 per office visit | BRC6340 |
| Plan 10 Opt-Out | Basic Dental Services \$10 per office visit, option to go out-of-network | BRC6338 |
| Plan 20 Opt-Out | Basic Dental Services \$20 per office visit, option to go out-of-network | BRC6339 |

Freestanding Dental HMO (Available with any medical product or can be sold as freestanding)—Renewals only

| Plans | Description | Item Number |
|----------------------------|---|-------------|
| Provider Choice Plan PC-5 | Basic Dental Services \$5 per office visit | BOK5256 |
| Provider Choice Plan PC-10 | Basic Dental Services \$10 per office visit | BOK5254 |
| Provider Choice Plan PC-20 | Basic Dental Services \$20 per office visit | BOK5255 |

BlueVision Plans

BlueVision (CORE)

| Options | Description | Item Number |
|----------|---|-------------|
| Option 1 | Core to BlueChoice HMO Open Access (all plans), BlueChoice Opt-Out Plus Open Access (all plans), BlueChoice HMO | BRC6420 |
| Option 3 | Core to BluePreferred (all plans), BlueChoice Advantage (all plans) | BRC6422 |

BlueVision Plus (employer sponsored and voluntary)

| Options | Exam Copay | Frequency (Exam/Lenses/Frames) | Allowance (Frames or Contacts) | Item Number |
|----------|------------|-----------------------------------|-----------------------------------|-------------|
| Option 1 | \$0 | 12/12/12 | \$100 | BRC6424 |
| Option 2 | \$0 | 24/24/24 | \$100 | BRC6425 |
| Option 3 | \$10 | 12/12/12 | \$100 | BRC6426 |
| Option 4 | \$10 | 24/24/24 | \$100 | BRC6427 |
| Option 5 | \$0 | 12/12/24 | \$100 | BRC6507 |
| Option 6 | \$10 | 12/12/24 | \$100 | BRC6508 |

BlueVision Plans

| BlueVision Plus—increased allowances (employer sponsored and voluntary) | | | | |
|---|------------|-----------------------------------|-----------------------------------|-------------|
| Options | Exam Copay | Frequency (Exam/Lenses/Frames) | Allowance (Frames or Contacts) | Item Number |
| Option A | \$0 | 12/12/24 | \$130 | SUM1674 |
| Option B | \$10 | 12/12/24 | \$130 | SUM1723 |
| Option C | \$0 | 12/12/12 | \$130 | SUM1724 |
| Option D | \$10 | 12/12/12 | \$130 | SUM1725 |
| Option E | \$0 | 12/12/24 | \$150 | SUM6473 |
| Option F | \$10 | 12/12/24 | \$150 | SUM6474 |
| Option G | \$0 | 12/12/12 | \$150 | SUM6475 |
| Option H | \$10 | 12/12/12 | \$150 | SUM6476 |
| Option I | \$0 | 12/12/24 | \$180 | SUM6477 |
| Option J | \$10 | 12/12/24 | \$180 | SUM6478 |
| Option K | \$0 | 12/12/12 | \$180 | SUM6479 |
| Option L | \$10 | 12/12/12 | \$180 | SUM6480 |
| Option M | \$0 | 12/12/24 | \$200 | SUM6481 |
| Option N | \$10 | 12/12/24 | \$200 | SUM6482 |
| Option O | \$0 | 12/12/12 | \$200 | SUM6483 |
| Option P | \$10 | 12/12/12 | \$200 | SUM6484 |

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